

Michigan Department of Community Health
Board of Nursing
P.O. Box 30193
Lansing, MI 48909
(517) 335-0918
www.michigan.gov/healthlicense

MICHIGAN NURSING SCHOOL CERTIFICATION

Authority: Public Act 368 of 1978, as amended
If this form is not completed, a license will not be issued.

INSTRUCTIONS FOR COMPLETION:

Dean, Director or Registrar of the nursing program please complete the following information. Return this completed certification directly to the Michigan Board of Nursing at the address shown above.

I certify that _____
(Applicant's Name)

Social Security Number _____ and Date of Birth of _____

matriculated in the _____
Name of School of Nursing

City State

_____, and completed the program on _____
Month/Day/Year Month/Day/Year

I further certify that the applicant has fulfilled all requirements for:

L.P.N.

☐ a Certificate

R.N.

- ☐ a Diploma
☐ an Associate Degree
☐ a Baccalaureate Degree

which will be conferred _____
Month/Day/Year

Signature of Dean or Registrar

Date of Signature

Print or Type Name of Dean or Registrar

(S E A L)

If school has no seal, please indicate